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CONFIRMATION NO. 4682

Bib Data Sheet

SERIAL NUMBER 10/705,624	FILING DATE 11/10/2003 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 1782.0
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APPLICANTS

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** CONTINUING DATA *NONE* ******* FOREIGN APPLICATIONS *NONE* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 02/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

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TITLE

Heated inflatable air bed

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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